

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10658617 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1	2				
4	2					
5	1					
6	1					
7	1					
8	2					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	2					
17	3					
18	2					
19	1					
20	1					
21	1					
22	2					
23	1					
24	1					
25	1					
26	2					
27	1					
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	23					
TOTAL CLAIMS	36					

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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59						
60						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						